

ADDITIONS TO OUR HIPAA PRIVACY POLICY

In accordance with HIPAA Privacy Regulation, this addition to our Privacy Policy is to inform you that Dr. Maria Salas may contact you via U.S. mail or via telephone at your residence and/or work regarding scheduling matters. Our office may also contact you regarding your treatment in our office. We may also contact you via cell phone/email if provided.

Our office on occasion/in the past, uses a billing service, Chiro-HELP. It may be necessary for Chiro-HELP to contact you, by means listed above, regarding your account with our office. This may include insurance inquiries and/or payment inquiries and/or collection calls for outstanding balances.

In the case, that we cannot reach you, our office, or our billing service may leave a brief message at one of the numbers provided. This message may include any of the above listed information.

By checking the boxes below, I have given my consent to Dr. Maria Salas, staff and/or Chiro-HELP.

- Consent to contact me via US Postal Service
- Consent to contact me via telephone (i.e. residence, work or cellular)
- Consent sent to leave a voice message regarding all aspects of my account
- Consent to leave a message with a spouse

As required by the Privacy Regulations, I hereby acknowledge that I have received a copy of the "ADDITIONS TO OUR HIPAA PRIVACY POLICY" and that as explained these additions to my satisfaction.

I understand the above mentioned and agree to communicate to the doctor or staff with any questions or concerns. Please sign and date below.

Signature

Date

Print name

Office Representatives Signature

Date

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